

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 842401

1. Entity Name

K & R PRECISION INSTRUMENTS GMBH, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90126 031 \*\*\*150.00

Principal Place of Business

1933 PREMIER ROW  
ORLANDO FL 32809

Mailing Address

1933 PREMIER ROW  
ORLANDO FL 32811-6413

2. Principal Place of Business

4315-B 34th Street

Suite, Apt. #, etc.

3. Mailing Address

4315-B 34th Street

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-1779077

Applied For

Not Applicable

Zip

Country

32811

Zip

Country

32811

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUEHLEMAN, AXEL  
1933 PREMIER ROW  
ORLANDO FL 32809

Name

Street Address (P.O. Box Number is Not Acceptable)

4315-B 34th Street

City

Orlando

FL

Zip Code

32811

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
RUEHLEMAN, AXEL  
1933 PREMIER ROW  
ORLANDO FL 32809

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4315-B 34th Street  
Orlando, FL 32811

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RUEHLEMAN, GERHARD  
ERLANGERSTRASSE 14  
UTTENREUTH 91080

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, or in any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Axel Ruehleman*  
Axel Ruehleman

2/9/00

407 316-0065

CR2E034 (9/99)